



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement**

## **L-280 Followership to Leadership**

### **Nominations due April 16, 2012**

**Minimum number of students: 15**

**Maximum number of students: 30**

**COURSE DESCRIPTION:** This training course is designed as a self-assessment opportunity for individuals preparing to step into a leadership role. The course combines one day of classroom instruction followed by a second day in the field with students working through a series of problem solving events in small teams (Field Leadership Assessment Course). Topics include: leadership values and principles, transition challenges for new leaders, situational leadership, team cohesion factors, and ethical decision-making.

#### **OBJECTIVES:**

- Students will demonstrate an understanding of fundamental leadership principles.
- Students will assess their individual traits and motivation for entering into a leadership role.

#### **DATES OF CLASSES:**

May 8-9 @ 0800-1700

#### **PREREQUISITES:**

Experience on incident assignments in operations or support functions  
Human Factors on the Fireline (L-180)  
Completion of pre-course work assignment

#### **LOCATION:**

Spokane County Fire District #10  
929 S. Garfield  
Airway Heights, WA 99001

#### **LEAD INSTRUCTOR:**

Debbie Plummer

#### **COURSE COORDINATOR:**

Jon Hanke (509) 244-2425

#### **MAIL, E-MAIL, OR FAX REGISTRATIONS TO:**

Jon Hanke  
SCFD #10  
PO Box 2199  
Airway Heights, WA 99001  
Fax: (509) 244-2421  
E-mail: [jhanke@scfd10.org](mailto:jhanke@scfd10.org)



## EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Course Number <b>L-280</b>	Course Name <b>Followership to Leadership</b>	PRIORITY ____ of ____
IQCS Session Number N/A	Course Location <b>SCFD #10-Airway Heights, WA</b>	Course Date(s) <b>May 8-9, 2012</b>
Course Tuition (if required) N/A	Course Coordinator Name (First Last) <b>Jon Hanke</b>	Course Coordinator Phone Number <b>(509) 244-2425</b>
Course Coordinator E-Mail <b>jhanke@scfd10.org</b>	Course Coordinator FAX Number <b>(509) 244-2421</b>	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City State
Zip	Telephone	Zip Telephone
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		